

Plan of Correction

SECTION A - IDENTIFYING INFORMATION

Facility Name: LAKEVIEW BAPTIST CHILD DEVELOPMENT CTR.	Type of Facility: Center <input checked="" type="checkbox"/> OST <input type="checkbox"/> Day <input checked="" type="checkbox"/> Family <input type="checkbox"/> University <input type="checkbox"/> Night <input type="checkbox"/> Group <input type="checkbox"/>
Physical Address: 132 CENTRAL AVENUE OXFORD, AL 36203	Mailing Address: 132 CENTRAL AVENUE OXFORD, AL, 36203-____
Telephone Number: (256) 741-0002	Licensee: LAKEVIEW BAPTIST CHILD DEVELOPMENT CTR
Capacity: 102	Director: DONNA WELLS
Age Range: 6 Weeks to 15 Years	Date Prepared: 5/21/2026

SECTION B - BASIS FOR PLAN OF CORRECTION

List each deficiency, the plan of action, and the target date for each item:

Deficiency Plan of Correction	Date to be completed
Failed - Outdoor play area and equipment are free of apparent hazardous conditions, Inspection Form Plan of Action - Concrete will be added to repaired spot	5/29/2026
Failed - Preadmission Form, Child Checklist Plan of Action - Will have family correct at time of dismissal	5/22/2026
Failed - Preadmission Form, Child Checklist Plan of Action - Will have family update paperwork at dismissal	5/22/2026